

**REGIONAL MENTAL HEALTH INSTITUTE
FORENSIC INTAKE REPORT**

<hr/> Date of Admission	<hr/> RMHI Record Number	<hr/> Time AM/PM
<hr/> Defendant's Name		<hr/> Social Security Number
<hr/> Date of Birth	<hr/> Age	<hr/> Sex
		<hr/> Race
<hr/> MCO	<hr/> BHO	<hr/> Commercial Insurance
<hr/> Referral Source	<hr/> Contact Person	<hr/> Telephone
<hr/> Defendant's Current Location (jail, home, etc.)		<hr/> County of Charge(s)

Charge(s) including date of charges (please provide events leading to the alleged offense):

Legal Status for Admission: T.C.A. §33-7- _____ 301(a) _____ 301(b) _____ 303(a) _____ 303(c)

Clinical Information (rationale for inpatient referral):

Medical Issues/Current Medications:

OUTPATIENT

INPATIENT

Judge: _____

Judge: _____

District Attorney: _____

District Attorney: _____

Defense Attorney: _____

Defense Attorney: _____

Name of Attending Physician

Level of Care

Signature of Intake Person / Date

Unit / Program